Premium Care Solutions Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Good

Summary of findings

Overall summary

This report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider who had volunteered to part of this pilot. Unless the report says otherwise, we obtained the information in it without visiting the Provider.

About the service
Premium Care Solutions Limited is a domiciliary care agency providing personal care to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection 30 people were receiving personal care.

People's experience of using this service and what we found
Medicine management required improvement. We found concerns relating to the information documented and the recording of medicines. The provider agreed to ensure improvements were made.

Some aspects of people's care records did not contain their full holistic needs. However, people had risk assessments in place to support staff in understanding the person.

Some areas of management oversight required improvement. Audits needed to be more robust in identifying any improvements required. The registered manager and provider put an action plan into place immediately after the site visit to identify where improvements were needed.

People were supported by a consistent staff team who knew them well and had received training on their specific needs. Staff asked for consent before completing tasks.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were recruited safely and had a good understanding of safeguarding and how to raise any concerns they may have. People and their relatives were invited to be part of the recruitment process.

People were protected against infection by staff who received training on infection control and who wore appropriate personal protective equipment.

People and their relatives were all positive about the support they received and the skills of the staff who supported them. People and their relatives were involved in care planning and were able to share their feedback on the service.

The service supported people with any communication needs they may have. Information could be provided in a variety of formats to ensure people could understand.

The service worked closely in partnership with other professionals to ensure good outcomes for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 11 September 2018)

Why we inspected
This was a planned pilot virtual inspection. The report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the Provider.

The pilot inspection considered the key questions of safe and well-led and provides a rating for those key questions. Only parts of the effective, caring and responsive key questions were considered, and therefore the ratings for these key questions are those awarded at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Premium Care Solutions Limited on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Inspected but not rated

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to effective.

Is the service caring?

Inspected but not rated

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to caring.

Is the service responsive?

Inspected but not rated

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to responsive.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Premium Care Solutions Limited

Detailed findings

Background to this inspection

The inspection
As part of a pilot into virtual inspections of domiciliary and extra-care housing services, the Care Quality Commission conducted an inspection of this provider on 21 and 22 October 2020. The inspection was carried out with the consent of the provider and was part of a pilot to gather information to inform CQC whether it might be possible to conduct inspections in a different way in the future. We completed this inspection using virtual methods and online tools such as electronic file sharing, video calls and phone calls to gather the information we rely on to form a judgement on the care and support provided. At no time did we visit the provider's or location's office as we usually would when conducting an inspection.

Inspection team
This inspection was carried out by two inspectors and an assistant inspector. An Expert by Experience contacted people and their relatives via phone. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 48 hours' notice of the inspection.

Inspection activity started on 21 October 2020 and ended on 23 October 2020.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection
We spoke with five people who used the service and nine relatives about their experience of the care provided. We spoke with 13 members of staff including the registered manager, HR manager, clinical lead, senior care workers, team leaders, care workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included six people's care records and multiple medication records. A variety of records relating to the management of the service, including audits, quality assurance, policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at daily notes and medicine information.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Prescribed medicines recorded on Medicine Administration Record (MAR) charts were inconsistent. For example, some directions for oral medicines were incomplete and some coding systems were not consistently in place to ensure the reason medicines had not been taken was recorded. There was a lack of recorded accountability to show that staff always checked the charts for accuracy or when changes were made to prescribed medicine directions or doses.
- We found gaps on some MAR charts. Staff had not completed the records to evidence whether the medicine had been administered.
- Information was not always available to staff to enable them to give people their medicines consistently and appropriately. There was a lack of written guidance to help staff give people their medicines prescribed on a when required basis (PRN). When medicated skin patches were prescribed there was a lack of additional recording to show when patches were removed and the sites to which they were applied in rotation to reduce the risk of skin irritation effects. There was a lack of detailed information about the application of topical medicines such as using body maps.
- When people had their medicines given to them via a tube through their skin (PEG), records did not show that the service had taken appropriate professional advice about the preparation of dispersing tablets in water prior to administering via the PEG, therefore we were not reassured this was safe practice.
- Some members of care staff had not had their competence assessed annually in line with national best practice guidance.
- People using the service were encouraged to maintain independence and look after their own medicines when safe and appropriate to do so. Care plans and risk assessment were in place to support this.

Assessing risk, safety monitoring and management

- People had risk assessments in place with strategies to mitigate known risks identified. However, one person's records did not evidence that staff were consistently following the strategies regarding repositioning.
- Care plans did not always not always cross reference people's needs. For example, information was not cross referenced for a person who required equipment and another person who required rescue medicine. However, staff were aware of people's needs.
- People and their relative told us they felt safe with staff. One person said, "My carer is like my best friend. I'm very safe within my home." A relative told us, "We definitely feel safe."

Staffing and recruitment

● Staff were trained to meet people's specific needs, however not all staff felt they had received appropriate training on use of specialised equipment.
● People told us they had a consistent staff team and always knew who was coming.
● The provider followed safe staff recruitment procedures. Staff confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers. These are checks to make sure that potential employees are suitable to be working in care.

Systems and processes to safeguard people from the risk of abuse
● The provider had effective safeguarding procedures in place and the registered manager understood their responsibility to liaise with the local authority if any safeguarding concerns were found.
● Staff received training and had a good understanding of identifying abuse and reporting concerns.

Preventing and controlling infection
● People were protected against the risk of infection.
● People and relatives told us that staff wore appropriate personal protective equipment [PPE]. One person said, "gloves, aprons and a mask are always worn." A relative told us, "I can't fault them [staff], they always wear PPE. They [staff] wear masks and a visor and they wash their hands."
● Staff told us they had an ample supply of PPE and had received training for infection control, donning and Doffing PPE.

Learning lessons when things go wrong
● Accidents and incidents were recorded, and any actions logged so the registered manager could identify trends or patterns and ensure lessons were learnt.

Inspected but not rated

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's mental capacity to make decisions or choices was assessed and reviewed.
- Staff ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- People's care plans detailed the need for staff to ensure consent was gained before any tasks were completed. People and relatives told us that staff consistently asked permission before completing any tasks.

Inspected but not rated

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by consistent, caring staff who knew them well. People and relatives told us the staff team were kind and supportive. One person said, "[staff name] is so kind and caring, they understand my needs." A relative told us, "They [staff] are so kind and compassionate and are aware of [person's] dignity."
- People and their relatives were asked about protected characteristics such as religion, sexuality and about the person's life history so far, this was clearly documented in their care plans and staff offered support to meet these needs when required.
- Staff had received equality and diversity training and there was an equality, diversity and human Rights policy, which set out how to support people, and staff, from diverse backgrounds. Staff knew about their responsibility to ensure people's rights were upheld and they were not discriminated against in any way
- People and their relatives were kept informed on which staff were coming. One relative told us, "I'm very happy with the carers. I have about 4 or 5 people that come in rotation and the agency always send me a rota."

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in the planning of their care. Care plans clearly showed how people preferred to receive their care including preferences on staffing. One person told us, "I feel very involved, I deal with my own care. I was a part of the interview. The care is more or less how I wanted it. They didn't dictate to me."
- People and their relative's views were sought, listened to and used to plan their care and improve the service.
- People's communication needs were documented in their care records; this supported staff to understand and communicate effectively with each individual person.

Inspected but not rated

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had individualised care plans, which had been completed with people's life history, wishes and preferences including information on their culture, religion and faith. Staff were knowledgeable about the people they supported.
- People and relatives told us they were happy that staff knew them well and what care they needed. One relative told us, "They [staff] very much understand [person]. The speech and language consultants, the Occupational Therapists and neurologists all work together and there is a steady level of care. There are always the right staff on."
- Care plans were reviewed regularly to reflect people's changing needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified so information about the service could be provided in a way all people could understand.
- The registered manager understood their responsibility to comply with the Accessible Information Standard and could provide information about the service in different formats to meet people's diverse needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported as required to attend faith services. Care plans identified where, when and how people would like to be supported to meet these needs.
- Details of people's relationships had been documented within their care files, this included family, friends and significant others. When people wanted to make new relationships, this was supported fully by staff.
- People and their relatives told us how staff supported them to access the community and activities. A person told us, "I do activities, like fishing off the back of the boat. [staff name] is usually there." A relative told us, "They [staff] help with lots of activities. They'll take [person] to swimming and to dance lessons."

End of life care and support

● At the time of our inspection no one using the service required end of life support.
● The registered manager had a good understanding of end of life care and what would be required to support somebody during this stage of their life.
● Care plans recorded the wishes of a person regarding any care leading up to their death and wishes linked to their funeral arrangements.
● Staff received training appropriate to their role in end of life care.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as outstanding. At this inspection this key question has now deteriorated to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- The provider completed audits to monitor the quality of the service, however we did not see evidence that the audits had identified the gaps in records. The medicine audits had not identified the concerns we found during the inspection. The provider agreed to ensure improvements were made after inspection.
- Staff were clear about their roles and told us they felt very supported by the management team. However, at times staff had made changes to a person's care without full documentation being recorded. The provider agreed to ensure staff understood and recorded rationale for any changes.
- The registered manager understood their role and shared information with CQC about all aspects of the service including quality performance, risks, notifications and regulatory requirements.
- The provider was committed to working towards improving care for people. They welcomed feedback and were open to the inspection process.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us they were happy working at the service and would recommend the service to others.
- Staff were passionate about empowering people to live full and happy lives. People were achieving their goals.
- Staff received training to ensure people received support appropriate to their needs. There was an emphasis on developing staff to achieve better outcomes for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood and had acted on their duty of candour responsibility.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns were not acted upon.
- Records showed the registered manager informed the Care Quality Commission (CQC) and other agencies of incidents that are notifiable.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff told us the information sharing was good. Information was shared regularly, and staff received regular supervisions and meetings with managers.

● People, relatives and staff were supported to share their views about their care and the service through direct contact and surveys. A staff member told us, "Everyone gets the time and feels valued and appreciated."
● Relatives told us they felt fully involved in their loved one's care package and were able to make suggestions and work closely with staff.
● People and their relatives were invited to be part of the recruitment of staff process.

Working in partnership with others
● The registered manager and staff team worked in partnership with other professionals such as GP's, occupational therapists, physiotherapists, social workers and commissioners to promote and maintain people's quality of life.
● The service had links with external services that enabled people to engage in the wider community.